ID Waiting List Growth

Five simple exploratory scenarios illustrate the likely growth of the Intellectual Disabilities (ID) waiting list up until the end of the Settlement Agreement (SA) in early 2022. These scenarios contrast the implications of simply meeting the requirements of the SA, as well continuing present and historical policies, with what would be necessary to eliminate the ID urgent waiting list over the next 7 years.

In 2009, the Department of Medical Assistance Services (DMAS) reported its estimate of what it would take to eliminate the ID waiting list. The DMAS found that 699 new individuals qualify for training center ID supports each year and estimated that it would require 1,100 new ID waivers per year to eliminate the ID waiting list in 10 years.

At the announcement of the SA in January of 2012, Health and Human Resources reported that there were 5,932 on the full ID waiting list and 3,316 on the urgent waiting list, that is, 56% of the total. Following the procedure adopted by DMAS, each scenario begins with the baseline number of individuals on the ID waiting list from the previous year, adds the number of new individuals who qualify, and subtracts the number of new ID waivers authorized under the different scenarios.

Table 1 shows the timelines for the five scenarios. Providing only the slots required by the SA* would result in the total ID waiting list growing by 69% to 10,007 in early 2022; if all new ID waivers were applied against the urgent ID waiting list, it would grow by 30%.

Providing the historical number of 360 slots per year approved in recent years or the minimum of 400 slots assured by the 2009 legislation would reduce the urgent ID waiting list relative to the baseline numbers required in the SA by only 5% and 11%, respectively. To eliminate the ID waiting list by 2022, it would take 1,042 new slots per year from 2016 thru 2021.

All of these scenarios are driven by the rapid growth in the need for ID waivers. Over the 10 years of the SA, the growth in demand, for both the total and the urgent ID waiting list, is 118% of the initial number of individuals on the respective ID waiting lists.

^{*} Note that the recently passed budget for 2015 authorized only enough ID waiver slots to meet the 3-year total requirements of the SA to date.

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Table 1. Five Illustrative Scenarios for ID Waiting List

	Total 🕸 🗸	aitingalist	Urgent Waiting List 156% of Total Waiting List)							
	Settlement2		Settlement [®]		Historical₪		2009		Eliminate@####	
	Agreement		Agreement		Average		Virginia狙aw		Waiting₫ist	
Beginning of Year	Slots	Waiting[List	Slots	Waiting[Slots	Waiting List	Slots	Waiting List	Slots	Waiting List
2,012	275	5,932	275	3,316	275	3,316	275	3,316	275	3,316
2,013	225	6,356	225	3,432	225	3,432	225	3,432	225	3,432
2,014	225	6,830	225	3,598	225	3,598	225	3,598	225	3,598
2,015	250	7,304	250	3,764	250	3,764	250	3,764	250	3,764
2,016	275	7,753	275	3,905	360	3,905	400	3,905	1,042	3,905
2,017	300	8,177	300	4,021	360	3,936	400	3,896	1,042	3,254
2,018	325	8,576	325	4,112	360	3,967	400	3,887	1,042	2,603
2,019	325	8,950	325	4,178	360	3,998	400	3,878	1,042	1,952
2,020	355	9,324	355	4,244	360	4,029	400	3,869	1,042	1,301
2,021	360	9,668	360	4,280	360	4,060	400	3,860	1,042	650
2,022	na	10,007	na	4,311	na	4,091	na	3,851	na	-1
Total ® lots	2,915		2,915		3,135		3,375		7,227	
Slots/Year	292		292		314		338		723	
Percent ncrease		69%		30%		23%		16%		-100%
Reduction of SAB as eline on Number of Slots						220		460		4,312
Percent@Reduction@Beyond@SA@Baseline@Number						5%		11%		100%

Reference for the initial sizes of waiting lists (Total 5,932 and Urgent 3,316): Secretary William Hazel, "Health and Human Resources Presentation to Senate Finance," January 31, 2012.

Reference for annual increases in demand for ID waiver supports (Total 699 and Urgent 391), the historical average number of waivers approved by the General Assembly from 2003 through 2010, and the number of waivers required by the 2009 Virginia Law: Appendix A to "Report on Plan for the Elimination of Waiting Lists under Medicaid," DMAS, September 2009, and Office of the Governor, October 2009.